

**STC-06**R001251  
11-27-01**IDAHO STATE TAX COMMISSION**

P O Box 36 800 Park Blvd Plaza IV

Boise, ID 83722-0410

**REQUEST FOR COPIES OF TAX RETURNS**

The Tax Commission keeps tax returns for about five years. We will provide your requested copies within 10 working days. There is no charge for the first 20 pages. We will provide additional pages at a cost of \$.10 each plus sales tax and postage. See instructions on back.

Date requested	Daytime phone number	Hours you can be reached at this phone number	<input type="checkbox"/> Will pick up <input type="checkbox"/> Please mail
1. Taxpayer's name			1a. Social Security Number
2. Spouse's name			2a. Social Security Number
3. Business name			3a. Federal EIN
4. Address on return(s)			
5. Present address (If different than 4 above, see instructions.)			
6. If you want your copies mailed to or picked up by someone else, show that person's name and address. See instructions.			

Type of tax: <input type="checkbox"/> Income tax - Year(s) _____	What do you want copied? <input type="checkbox"/> Full copy <input type="checkbox"/> State only <input type="checkbox"/> W-2s only <input type="checkbox"/> Other _____
<input type="checkbox"/> Sales <input type="checkbox"/> Withholding <input type="checkbox"/> Special Fuels <input type="checkbox"/> IFTA <input type="checkbox"/> Other _____	Year(s) _____ Permit No. _____ Months: Jan ____ Apr ____ July ____ Oct ____ Feb ____ May ____ Aug ____ Nov ____ Mar ____ June ____ Sep ____ Dec ____

<b>PLEASE SIGN HERE</b>	Signature. If other than taxpayer, attach power of attorney or sign authorization on the back of this form. See instructions.	Date
	Title if line 3 above is completed.	

**[ FOR STATE USE ONLY ]**

<b>Order Information:</b>		<b>Charges:</b>
Employee taking order _____		Charge for pages over 20 - No. _____ x \$.10 = _____
Send copies to _____ field office		Other _____
		Sales tax _____
		Total due _____
<b>Delivery Information:</b>		
<input type="checkbox"/> Mailed <input type="checkbox"/> Personally delivered		
1. I, _____, Employee the tax return copies to _____ on _____. Date		
2. If personally delivered: A. I examined at least one of the following forms of identification: <input type="checkbox"/> Driver's License/Number _____ <input type="checkbox"/> Social Security Card/Number _____ <input type="checkbox"/> Other Picture Identification _____ B. <input type="checkbox"/> I ensured that the taxpayer has signed this form.		

Mail this form to: Idaho State Tax Commission, P.O. Box 36, Boise, ID 83722-0410

## INSTRUCTIONS

Idaho law prohibits giving any information on a tax return to anyone other than the taxpayer, unless the taxpayer gives written authorization.

**TELEPHONE ORDERS.** You may order copies of returns by telephone if:

- (1) You intend to pick them up at one of our offices.
- (2) You want them mailed to you, and your current address appears on our records.

We cannot accept your order by telephone if your address has changed, or you want your copies mailed to a third party.

**MAILED ORDERS.** If you want your copies mailed to you, and your address has changed, read the instructions for line 5 below. If you want your copies mailed to someone else, read the instructions for line 6 below and complete the required information.

**PICKUP ORDERS.** If you are going to pick up your copies at a State Tax Commission office, you must bring picture identification, such as your driver's license or student ID card. If you want your copies picked up by someone else, read the instructions for line 6 below and complete the required information.

Line 3 and 3a. Enter your business name and federal employer identification number (if applicable) **only** if you are requesting a copy of a **business** tax form.

Line 5. If your address on line 4 is different than your current address, and you want the copies mailed to you, you must attach either:

- (1) A copy of two forms of identification that have your signature, or
- (2) An original notarized statement affirming your identity.

Line 6. If you want your copies mailed to or picked up by someone else, you must fill out and sign the authorization below.

I hereby appoint \_\_\_\_\_, whose name and address are indicated on line 6 of this form,  
to act as my attorney(s)-in-fact to receive the copies of tax returns I have requested on this form. If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.

Signature of or for Taxpayer(s)	Title, if applicable	Date
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## IDAHO STATE TAX COMMISSION OFFICES

800 Park Blvd., Plaza IV P.O. Box 36 Boise, Idaho 83722-0410 (208) 334-7660 or Toll Free: 1-800-972-7660	Suite 100 1910 Northwest Blvd. Coeur d'Alene, Idaho 83814-2615 (208) 769-1500	Suite 16 150 Shoup Avenue Idaho Falls, Idaho 83402-3653 (208) 525-7116	Suite C 1038 Blue Lakes Blvd. N. P.O. Box 227 Twin Falls, Idaho 83303-5227 (208) 736-3040
Hearing impaired (TDD) 1-800-377-3529	1118 F Street P.O. Box 1014 Lewiston, Idaho 83501-1014 (208) 799-3491	Suite 5 611 Wilson Avenue Pocatello, Idaho 83201-5029 (208) 236-6244	